

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
FILED DEC 2 1948  
Registration District No. 818

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1003

37991  
State File No. \_\_\_\_\_  
Registrar's No. 10201

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
789 Aubert Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution ---  
In this community Life (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME Malachi D. Cooper

3. (b) If veteran, name war --- 3. (c) Social Security No. 492-07-4765

4. Sex Male 2 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Delia Cooper 6. (c) Age of husband or wife if alive 65 years  
7. Birth date of deceased February 19th 1887  
(Month) (Day) (Year)

8. AGE: Years 61 Months 9 Days 1 If less than one day hr. min.

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Janitor

11. Industry or business ----

12. Name Coleman Cooper  
13. Birthplace Natchez Mississippi  
(City, town, or county) (State or foreign country)  
14. Maiden name Julia Bowman  
15. Birthplace Natchez Mississippi  
(City, town, or county) (State or foreign country)

16. (a) Informant Delia Cooper  
(b) Address 789 Aubert Ave.

17. (a) Burial (b) Date thereof 11/27/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Charles J. Gates  
(b) Address 4107 Finney Ave.

19. (a) REV. J. B. Loran (b) J. B. Loran  
(Deputy Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 789 Aubert Ave.  
(If rural, give location)  
(e) Citizen of foreign country? --- (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 20th  
year 1948 hour 9:40 minute P.M. M.

21. I hereby certify that I attended the deceased from Apr. 1st  
1948 to Nov. 13th 1948  
that I last saw him alive on Nov. 13th 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death acute myocardial infarction  
Due to acute myocardial infarction  
Due to acute myocardial infarction  
Other conditions (Include pregnancy within 3 months of death) ---  
Major findings: Of operations ---  
Of autopsy ---

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? --- (Specify type of place) (c) Means of injury ---  
23. Signature Charles J. Gates (M. D. or other) ---  
Address 706 Walton Ave. Date signed ---

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

John K. Cunningham

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*John K. Cunningham*

Licensed Embalmer No. 4476

P. O. Address. 4107 Finney Ave.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**